



When the information requested is not available or not applicable, leave that portion of the form blank.  
Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.  
Include the REPORT NO. if you are providing exchange of information to individuals involved.

If applicable to your jurisdiction, enter the Case # on all pages.  
Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.  
Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.  
Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.  
Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.

Use the Supplemental Police Traffic Collision Report to capture information on additional units.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT  
(See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -		Yes	No
1	A truck with at least 2 axles and 6 tires?	_____	_____
2	A commercial vehicle designed or used to transport 9 or more people, including driver?	_____	_____
3	Any vehicle requiring a hazardous material placard?	_____	_____

STOP - If response to all above questions is "No", do not complete the Commercial Motor Carrier portion of report.

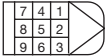
4	A fatal injury?	_____	_____
5	An injured person who was transported for immediate medical attention?	_____	_____
6	A vehicle which was towed because of disabling damage?	_____	_____
7	A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.)	_____	_____

STOP - If response to the last four items is "No", do not complete the Commercial Motor Carrier portion of report.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.

VEHICLE TYPE	CARGO BODY TYPE	NAME SOURCE (CARRIER)
1 Bus	1 Bus	1 Side of Vehicle
2 Single-unit Truck; 2 axle, 6 tires	2 Van/Enclosed Box	2 Shipping Papers
3 Single-unit Truck; 3 or more axles	3 Cargo Tank	3 Driver
4 Truck/Trailer	4 Flatbed	4 Log Book
5 Truck Tractor (Bob-tail)	5 Dump	
6 Tractor/Semi-Trailer	6 Concrete Mixer	
7 Tractor/Doubles	7 Auto Transporter	
8 Tractor/Triples	8 Garbage/Refuse	
9 Other/Cannot Classify	9 Other	

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS

STATUS OF PEDESTRIAN/ PEDALCYCLIST	SEAT POSITION	AIRBAG	RESTRAINT SYSTEMS	EJECTION	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS	INJURY CLASS
1 Bicyclist		1 Not Air Bag Equipped	1 No Restraints Used	1 Not Ejected	1 Helmet Used 2 Helmet Not Used 9 Other	1 No Injury
2 Tricyclist		2 Not Deployed	2 Lap Belt Used	2 Totally Ejected		2 Dead at Scene
3 Person on Foot		3 Deployed - Front	3 Shoulder Belt Used	3 Partially Ejected		3 Dead at Arrival
4 Roller Skater / Skateboarder		4 Deployed - Side	4 Lap & Shoulder Belt Used	9 Unknown		4 Died at Hospital
5 Non-Motorized Wheelchair	10 Other Position* 11 Position Unknown 12 Motorcycle 13 Outside of Vehicle	5 Deployed - Other	5 Child Infant Seat Used			5 Disabling Injury
6 Motorized Wheelchair		6 Deployed - Combination	6 Child Convertible Seat Used			6 Non Disabling (Evident Injury)
7 Flagger		9 Deployment Unknown	7 Child Built-In Seat Used			7 Possible Injury
8 Roadway Worker			8 Child Booster Seat Used			
9 Emergency Response Personnel			9 Unknown			
0 Other*						

\* DESCRIBE IN THE NARRATIVE.



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO.

1  
2  
3  
1  
2  
3  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #

LOCAL AGENCY CODING

TOTAL # OF UNITS OBJECT STRUCK

DATE OF COLLISION M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
N E IN S W OF

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION  
BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)  
MILES N E FEET S W

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY

ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

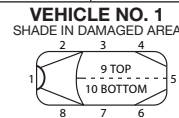
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY

ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

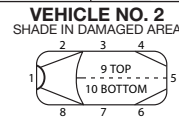
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) BADGE OR ID # AGENCY


DISTRIBUTION: ORIGINAL - WASHINGTON STATE PATROL, P O BOX 42628, OLYMPIA WA 98504-2628;  
DUPLICATE COPY - LOCAL LAW ENFORCEMENT AGENCY'S COPY; TRIPLICATE COPY - INVESTIGATOR'S COPY



# STATE OF WASHINGTON

## Police Traffic Collision Report

### Part B

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS						
<b>STATUS OF PEDESTRIAN/ PEDALCYCLIST</b> 1 Bicyclist 2 Tricyclist 3 Person on Foot 4 Roller Skater / Skateboarder 5 Non-Motorized Wheelchair 6 Motorized Wheelchair 7 Flagger 8 Roadway Worker 9 Emergency Response Personnel 0 Other*	<b>SEAT POSITION</b>  10 Other Position* 11 Position Unknown 12 Motorcycle 13 Outside of Vehicle	<b>AIRBAG</b> 1 Not Air Bag Equipped 2 Not Deployed 3 Deployed - Front 4 Deployed - Side 5 Deployed - Other 6 Deployed - Combination 9 Deployment Unknown	<b>RESTRAINT SYSTEMS</b> 1 No Restraints Used 2 Lap Belt Used 3 Shoulder Belt Used 4 Lap & Shoulder Belt Used 5 Child Infant Seat Used 6 Child Convertible Seat Used 7 Child Built-In Seat Used 8 Child Booster Seat Used 9 Unknown	<b>EJECTION</b> 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown	<b>HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS</b> 1 Helmet Used 2 Helmet Not Used 9 Other	<b>INJURY CLASS</b> 1 No Injury 2 Dead at Scene 3 Dead on Arrival 4 Died at Hospital 5 Disabling Injury 6 Non Disabling (Evident Injury) 7 Possible Injury

\* DESCRIBE IN THE NARRATIVE.



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION ☐

REPORT NO.

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)										
---------------------------------------	--	--	--	--	--	--	--	--	--	--

ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY								
-------------------	-----	--------------------	--	--	--	--	--	--	--	--

PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
------------------------------------	----------------------------------	--------	--	--------------	--	--------	--------	-------	---------------	-----------------	--------------------

NAME (LAST, FIRST, MIDDLE INITIAL)										
---------------------------------------	--	--	--	--	--	--	--	--	--	--

ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY								
-------------------	-----	--------------------	--	--	--	--	--	--	--	--

PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
------------------------------------	----------------------------------	--------	--	--------------	--	--------	--------	-------	---------------	-----------------	--------------------

NAME (LAST, FIRST, MIDDLE INITIAL)										
---------------------------------------	--	--	--	--	--	--	--	--	--	--

ADDRESS & PHONE #	SEX	D.O.B. MMDDYYYY								
-------------------	-----	--------------------	--	--	--	--	--	--	--	--

PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
------------------------------------	----------------------------------	--------	--	--------------	--	--------	--------	-------	---------------	-----------------	--------------------

DIAGRAM

INDICATE NORTH  
BY ARROW

SAMPLE - DO NOT USE

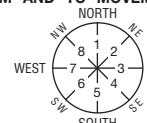

NARRATIVE


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE \_\_\_\_\_ UNIT OR DIST. DET \_\_\_\_\_ DATED \_\_\_\_\_ PLACE SIGNED \_\_\_\_\_

APPROVED BY	DATE
-------------	------

BADGE OR ID #		ORI #		TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
---------------	--	-------	--	------------------------	--	---------------------	--

1	<b>ROADWAY SURFACE CONDITION</b> 1 Dry 6 Oil 2 Wet 7 Standing Water 3 Snow / Slush 8 Other* 4 Ice 9 Unknown 5 Sand / Mud / Dirt	
	<b>WEATHER</b> 1 Clear / Partly Cloudy 6 Sleet / Hail / Freezing Rain 2 Overcast 7 Severe Crosswind 3 Raining 8 Blowing Sand/Dirt/Snow 4 Snowing 9 Other* 5 Fog / Smog / Smoke 0 Unknown	
	<b>LIGHT CONDITIONS</b> 1 Daylight 5 Dark - Street Lights Off 2 Dawn 6 Dark - No Street Lights 3 Dusk 7 Other* 4 Dark - Street Lights On 9 Unknown	
	<b>WORK ZONE LOCATION</b> 4 Within Work Zone 5 In External Traffic Backup Caused from Work Zone	
	<b>WORK ZONE TYPE</b> 1 Construction 3 Utility 2 Maintenance 9 Work Zone Type Unknown	
3	<b>LOCATION CHARACTER (ONLY IF APPLICABLE)</b> 1 Parking Lot 7 Ferry Dock 2 Bridge / Overpass 8 School Zone 3 Underpass / Tunnel 9 Playground Zone 4 Rest Area / Turn Out 0 RR Crossing 5 Shopping Mall / Plaza A Other* 6 Park & Ride Lot	
	<b>ROADWAY CHARACTER</b> 1 Straight & Level 6 Curve & Grade 2 Straight & Grade 7 Curve at Hillcrest 3 Straight at Hillcrest 8 Curve in Sag 4 Straight in Sag 9 Unknown 5 Curve & Level	
8	<b>HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE)</b> 1 Hazmat Transported - Not Released 2 Hazmat Transported - Released	
	<b>TRAFFIC CONTROL</b> 1 Signals 6 RR Signal 2 Stop Sign 7 Officer / Flagger 3 Yield Sign 8 Other Traffic Control* 4 Flashing Red 9 No Traffic Control 5 Flashing Amber 0 Unknown	
12	<b>POSTED SPEED</b>  MILES PER HOUR FOR EACH VEHICLE INVOLVED	
	<b>TYPE OF ROADWAY</b> 1 One Way 7 Alley 2 Two Way - Undivided 8 Center-Two Way Left Turn Lane 3 Two Way - Divided, with Barrier 9 Driveway 4 Two Way - Divided, no Barrier 0 Unknown 5 Reversible Road A Other* 6 Interchange Ramp	
16	<b>ROADWAY SURFACE TYPE</b> 1 Concrete 5 Dirt 2 Blacktop 6 Other* 3 Brick or Wood Block 9 Unknown 4 Gravel	
	<b>VEHICLE CLASSIFICATION (ONLY IF APPLICABLE)</b> 1 Trailer w/GVWR of 10,001 lbs or more, if GVWR of combined vehicle(s) is 26,001 lbs or more - CDL required 2 Single vehicle w/GVWR of 26,001 lbs or more; or any school bus regardless of size - CDL required 3 Single vehicle of 26,000 lbs or less, designed to carry 16 passengers or more; or any vehicle regardless of size which requires a HAZ MAT Placard - CDL required 4 Commercial vehicle transporting 16 passengers or less - No CDL endorsement required	
20	<b>PEDESTRIAN / PEDALCYCLIST WAS USING:</b> 1 Sidewalk 5 Unmarked X Walk 2 Walkway 6 Other* 3 Shoulder 7 Designated Bike Route 4 Marked X Walk 8 Roadway	
	<b>PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY</b> 1 Dark 4 Retro - Reflective 2 Light 5 Other Reflective Apparel* 3 Mixed -Shoes, Patches	
24	<b>PEDESTRIAN ACTION (ONE PER UNIT)</b> 1 Xing at Intersection with Signal 11 Walking on Roadway Shoulder Opposite Traffic 2 Xing at Intersection Against Signal 12 Standing or Working in Roadway 3 Xing at Intersection - No Signal 13 Pushing or Working on Vehicle 4 Xing at Intersection - Diagonally 14 Playing in Roadway 5 From Behind Parked Vehicle 15 Lying in Roadway 6 Xing - Non Intersection - No X Walk 16 Not in Roadway 7 Xing - Non Intersection - In X Walk 17 All Other Actions* 8 Walk'g in Roadway with Traffic 18 Fell or Pushed Into Path of Vehicle 9 Walk'g in Rdwy Opposite Traffic 19 At Intersection Not Using Crosswalk 10 Walk'g on Rdwy Shldr with Traffic	
	<b>PEDALCYCLIST ACTION (ONE PER UNIT)</b> 43 Xing diagonally 47 Cyclist Turned Into Path of Vehicle-Same Direction 44 Riding with Traffic 48 Cyclist Turned Into Path of Vehicle -Opposite Direction 45 Riding Against Traffic 49 All Other Actions* 46 Fell or Pushed into Path of Vehicle 50 Xing or Entering Trafficway	
27	<b>CONTRIBUTING CIRCUMSTANCES - DRIVERS, PEDALCYCLISTS OR PEDESTRIANS (NO MORE THAN THREE PER UNIT)</b> 1 Under Influence of Alcohol 30 Disregard Flagger / Officer 2 Under Influence of Drugs 31 Apparently Ill 3 Exceeding Stated Speed Limit 32 Apparently Fatigued 4 Exceeding Reas. Safe Speed 33 Had Taken Medication 5 Did Not Grant R/W to Vehicle 34 On Wrong Side of Road 6 Improper Passing 35 Hitchhiking 7 Following Too Closely 36 Failure to Use Xwalk 8 Over Center Line 40 Driver Operating Handheld Telecommunication Device 9 Failing to Signal 41 Driver Operating Hands-free Wireless Telecommunication Device 10 Improper Turn 42 Driver Operating Other Electronic Devices (computers, navigational devices, etc.) 11 Disregard Stop and Go Signal 43 Driver Adjusting an Audio or Entertainment System 12 Disregard Stop Sign / Flashing Red 44 Driver Smoking 13 Disregard Yield Sign / Flashing Yellow 45 Driver Eating or Drinking 14 Apparently Asleep 46 Driver Reading or Writing 15 Improper Parking Location 47 Driver Grooming 16 Operating Defective Equipment 48 Driver Interacting with Passengers, Animals or Objects in the Vehicle 17 Other* (List in Narrative) 49 Other Driver Distractions Inside the Vehicle 18 None 50 Driver Distractions Outside the Vehicle 19 Improper Signal 51 Unknown Driver Distraction 20 Improper U Turn 52 Driver Not Distracted 21 Light Violation: No Lights / Fail to Dim 22 Did Not Grant R/W to Pedestrian / Pedalcyclist 23 Inattention 24 Improper Backing	
	<b>VEHICLE ACTIONS (ONE PER VEHICLE)</b> 1 Going Straight Ahead 13 Legally Parked, Occupied 2 Overtaking and Passing 14 Legally Parked, Unoccupied 3 Making Right Turn 15 Backing 4 Making Left Turn 16 Going Wrong Way on Divided Hwy 5 Making U-Turn 17 Going Wrong Way on Ramp 6 Slowing 18 Going Wrong Way on One-Way Street or Road 7 Stopped for Traffic 19 Other* 8 Stopped at Signal or Stop Sign 20 Changing Lanes 9 Stopped in Roadway 21 Illegally Parked, Occupied 10 Starting in Traffic Lane 22 Illegally Parked, Unoccupied 11 Starting From Parked Position 12 Merging (Entering Traffic)	
32	<b>VEHICLE CONDITION (NO MORE THAN THREE PER VEHICLE)</b> 1 Defective Brakes 9 Headlights Glaring 2 Defective Headlights 10 Other Lights / Reflectors Insufficient 3 Defective Rear Lights 11 Other Defects* 4 Tires Worn or Smooth 12 No Defects 5 Tires Punctured or Blown 13 Motorcycle - Lights Off 6 Lost a Wheel 14 Equipped with Studded Tires 7 Defective Steering Mechanism 15 Motorcycle Windshield Installed 8 Power Failure 16 Truck / Trailer Safety Inspection	
	<b>DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE "FROM" AND "TO" MOVEMENT)</b>  9 Vehicle Stopped 0 Vehicle Backing	
36	<b>SOBRIETY</b> 1 HBD - Ability Impaired 4 Had Not Been Drinking 2 HBD - Ability Not Impaired 9 Unknown 3 HBD - Sobriety Unknown	
	<b>ALCOHOL TEST</b> 97 Test Given - Results Pending OR: List Actual Test 98 Test Given - No Results Results in 100ths 99 Test Refused	
40	<b>DRE ASSESSMENT (NO MORE THAN 2 PER UNIT)</b> 1 CNS - Depressants 6 Inhalants 2 CNS - Stimulants 7 Cannabis 3 Hallucinogens 8 Drug Combinations 4 PCP 9 Drug Impaired, Type Not Determined 5 Narcotic Analgesics 0 Not Drug Impaired	
	<b>VEHICLE OVERRIDE / UNDERRIDE</b> 1 No Override or Underride 2 Striking Vehicle Overrides other Vehicle 3 Striking Vehicle Underrides other Vehicle 4 Override or Underride Unknown	
44	<b>STATE OF WASHINGTON</b> POLICE TRAFFIC COLLISION REPORT OVERLAY 3000-345-359 Revised (7/06) ① UNIT #1 ② UNIT #2 *DESCRIBE IN THE NARRATIVE	
		

When the information requested is not available or not applicable, leave that portion of the form blank.  
Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.  
Include the REPORT NO. if you are providing exchange of information to individuals involved.

If applicable to your jurisdiction, enter the Case # on all pages.  
Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.  
Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.  
Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.  
Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.

Use the Supplemental Police Traffic Collision Report to capture information on additional units.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT  
(See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -		Yes	No
1	A truck with at least 2 axles and 6 tires?	<div></div>	<div></div>
2	A commercial vehicle designed or used to transport 9 or more people, including driver?	<div></div>	<div></div>
3	Any vehicle requiring a hazardous material placard?	<div></div>	<div></div>

STOP - If response to all above questions is "No", do not complete the Commercial Motor Carrier portion of report.

4	A fatal injury?	<div></div>	<div></div>
5	An injured person who was transported for immediate medical attention?	<div></div>	<div></div>
6	A vehicle which was towed because of disabling damage?	<div></div>	<div></div>
7	A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.)	<div></div>	<div></div>

STOP - If response to the last four items is "No", do not complete the Commercial Motor Carrier portion of report.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.

VEHICLE TYPE	CARGO BODY TYPE	NAME SOURCE (CARRIER)
1 Bus	1 Bus	1 Side of Vehicle
2 Single-unit Truck; 2 axle, 6 tires	2 Van/Enclosed Box	2 Shipping Papers
3 Single-unit Truck; 3 or more axles	3 Cargo Tank	3 Driver
4 Truck/Trailer	4 Flatbed	4 Log Book
5 Truck Tractor (Bob-tail)	5 Dump	
6 Tractor/Semi-Trailer	6 Concrete Mixer	
7 Tractor/Doubles	7 Auto Transporter	
8 Tractor/Triples	8 Garbage/Refuse	
9 Other/Cannot Classify	9 Other	

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS

STATUS OF PEDESTRIAN/ PEDALCYCLIST	SEAT POSITION	AIRBAG	RESTRAINT SYSTEMS	EJECTION	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS	INJURY CLASS
1 Bicyclist	<div><div><div>741</div><div>852</div><div>963</div></div><div></div></div>	1 Not Air Bag Equipped	1 No Restraints Used	1 Not Ejected	1 Helmet Used 2 Helmet Not Used 9 Other	1 No Injury
2 Tricyclist		2 Not Deployed	2 Lap Belt Used	2 Totally Ejected		2 Dead at Scene
3 Person on Foot		3 Deployed - Front	3 Shoulder Belt Used	3 Partially Ejected		3 Dead at Arrival
4 Roller Skater / Skateboarder		4 Deployed - Side	4 Lap & Shoulder Belt Used	9 Unknown		4 Died at Hospital
5 Non-Motorized Wheelchair	10 Other Position* 11 Position Unknown 12 Motorcycle 13 Outside of Vehicle	5 Deployed - Other	5 Child Infant Seat Used			5 Disabling Injury
6 Motorized Wheelchair		6 Deployed - Combination	6 Child Convertible Seat Used			6 Non Disabling (Evident Injury)
7 Flagger		9 Deployment Unknown	7 Child Built-In Seat Used			7 Possible Injury
8 Roadway Worker			8 Child Booster Seat Used			
9 Emergency Response Personnel			9 Unknown			
0 Other*						

\* DESCRIBE IN THE NARRATIVE.



